



17707 U.S. PTO

030104

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gust H. Bardy et al.

Examiner in immediately
preceding parent appln.: K. Droesch

Serial No.: Unknown

Anticipated Group Art Unit: 3762

Filed: March 1, 2004

Customer No.: 28075

Docket No.: 1201.1102102

For: SUBCUTANEOUS ONLY IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR
AND OPTIONAL PACER

22387 U.S. PTO
10/790903

030104

TRANSMITTAL SHEET

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315613175 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 1st day of March 2004.

By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached Patent Application which is a Continuation of prior Application Serial No. 09/663,607 under 37 C.F.R. § 1.53(b). The Continuation Application includes the following:

- THIRTY-THREE (33) sheet(s) of Specification.
- FORTY-SEVEN (47) Claim(s).
- ONE (1) sheet of Abstract.
- SIX (6) sheet(s) of Formal Drawings.
- Copy of Executed Declaration and Power of Attorney from a prior application, and Copy of Revocation of Prior Powers of Attorney and Power of Attorney from the application.
Please recognize Customer No. 28075 in connection with this application.
**The entire disclosure of the prior application, from which the Declaration and Power of Attorney is supplied, is considered a part of the disclosure of the accompanying continuation application and is hereby incorporated by reference.

Serial No. Unknown
Gust H. Bardy et al.
Continuation Application filed March 1, 2004

[XX] Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed.

[XX] An Assignment of the invention to Cameron Health, Inc. was filed in a prior application.

[XX] A Preliminary Amendment.

The filing fee is calculated below, pursuant to entry of the Preliminary Amendment.

CLAIMS AS FILED						
	(1)	(2)	Small Entity		Other	
For:	# Filed	# Extra	Rate	Fee	Rate	Fee
Basic Fee	1	0		\$385		\$770
Total Claims	38-20 =	18	X 9 =	\$162	X 18 =	\$
Independent Claims	4-3 =	1	X 43 =	\$43	X 86 =	\$
() Multiple Dependent Claim Presented			+ 145 =	\$0	+ 290 =	\$
TOTAL				\$590		\$

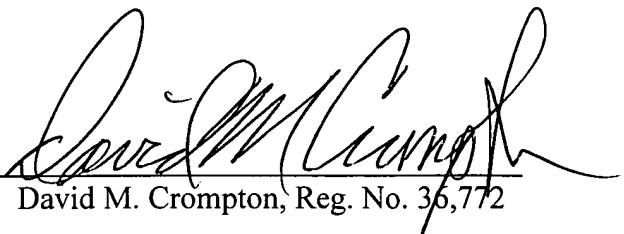
*If the difference in Column (1) is less than zero, enter "0" in column 2.

[] Other _____.

[XX] A check in the amount of \$590.00 is enclosed.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

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